



DEPARTMENT OF VETERANS AFFAIRS

In Reply Refer To:

VA Loan No.:

The information checked below is furnished in response to your recent request under the Privacy Act.

You may review your record at the following time and place. Bring with you an item of personal identification such as a driver's license. If you wish to review the record in the presence of another person, you will be asked to sign a statement authorizing discussion of the record in the presence of the accompanying person. To provide you the best service possible please bring this letter or a copy with you at the time of your visit.

DATE AND TIME:

PLACE:

- ☐ We are enclosing a copy of the information you requested.
- ☐ The information requested is being furnished at the written request or with the written consent of the veteran. Since this information is privileged, its confidentiality should be maintained.
- ☐ The copies requested may not be released without a charge of \$. We will send them upon receipt of a check for this amount. Make your check payable to the Department of Veterans Affairs and mail it, along with this letter, to the above address.
- ☐ The system of records named by you does contain a record retrievable by your name or file number.
- ☐ The system of records named by you does not contain a record retrievable by your name or file number.
- ☐ We have accepted the information you submitted and have amended your record accordingly.

Sincerely yours,